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CONFIRMATION NO. 8333

<b>SERIAL NUMBER</b> 10/506,312	<b>FILING OR 371(c) DATE</b> 09/01/2004 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> X-15664
<b>APPLICANTS</b> Kathleen Ann Taylor, Fishers, IN; Larry Chris Blaszcak, Indianapolis, IN; Neil Thomas Blackburn, Indianapolis, IN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US03/05575 03/07/2003 which claims benefit of 60/363,065 03/08/2002 and claims benefit of 60/365,211 03/15/2002				
<b>** FOREIGN APPLICATIONS *****</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 33
				<b>INDEPENDENT CLAIMS</b> 8
<b>ADDRESS</b> 25885				
<b>TITLE</b> Immunomodulatory polymeric antigens for treating inflammatory pathogies				
<b>FILING FEE RECEIVED</b> 1584	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	